



**U.S. Immigration
and Customs
Enforcement**

ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Health Operations Unit Guide

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Foreword

This IHSC *Health Operations Unit Guide* supplements the following IHSC Operations Memorandum (OM):

OM 16-010, *Clinic Administration*.

This Guide explains concepts, assigns responsibilities, and details procedures for the operational services of the Health Operations Unit. This Guide also provides detailed information on the structure of services, types of services offered, and processes involved at IHSC-staffed facilities. The intended audience is all IHSC health staff and stakeholders.

I. Introduction

The Health Operations Unit (HOU) provides leadership and oversight of health centers at IHSC-staffed facilities as it relates to ensuring compliance with federal fiscal policies, guidelines, staffing, safety, and other policies required by the Department of Homeland Security. This includes providing administrative oversight and support to the administrators in the facilities by developing and monitoring budgets, resource allocation, monitoring quality of facility programs, staffing levels, and the provision of resources necessary to carry out the IHSC health care mission based on organizational needs.

HOU obtains and tracks information and data necessary to respond to various requests for information, including responses to congressional and media inquiries. HOU also provides technical oversight to contract staff that augment the federal workforce. In addition, HOU allocates staffing resources to support the response to natural disasters and evacuations of detainees during potentially hazardous situations.

II. Staff

A. Designated Health Operations Authority

The HOU Chief at IHSC Headquarters (HQ) is the designated administrative authority for all IHSC-staffed facilities. The HOU Chief is responsible for all operational matters and decisions throughout IHSC facilities.

When the HOU Chief position is vacant, the Deputy Assistant Director (DAD) of Health Systems Support is the authority.

B. Regional Authority for Health Operations

HOU is composed of three regions: Eastern, Central, and Western. Each region has a Regional Health Services Administrator (RHSA) who is the designated regional

operational authority for the IHSC-staffed facilities within that region and each RHSA is the designated regional operational authority for the IHSC-staffed facilities within that region. See **Figure 1: HOU Organizational Chart** on page 7 for a list of IHSC-staffed facilities assigned to each region. It is important to note that region designations are fluid and can be changed based on number of facilities, number of staff members, personnel concerns, and/or at the discretion of the HOU Chief.

C. Local Authority for Health Operations

The HSA is the designated administrative authority at IHSC-staffed facilities.

D. Health Operations Leadership and Staffing at IHSC HQ

Health Operations Unit Chief

The HOU Chief is responsible for all administrative and operational elements as it relates to the IHSC health care system at the management level at all 21 sites and works collaboratively under the direction of the IHSC DAD, IHSC Unit Chiefs, and clinical staff to provide health care services to detainees in ICE custody. This includes but is not limited to issues related to day-to-day operations, processes, policy, procedures, standards, staffing, scheduling, personnel, detainee transfer, supplies, funding, travel, reporting, training and technical monitoring of contracts. The HOU Chief reports to the DAD of Health Systems Support and works closely with other IHSC Unit Chiefs.

Table 1:

Position	Direct Oversight/ Technical Monitor
Health Operations Unit Chief	<ul style="list-style-type: none"> • Executive Assistant • 2 Program Analysts • 3 Contracting Officer Representatives (COR) • 3 Regional HSAs (Eastern, Central, and Western) • 22 Facility Assistant HSAs (AHSAs)

The HOU Chief is supported by 3 RHSAs, 20 HSAs, and 22 AHSAs. HOU is authorized to maintain one full-time equivalent General Schedule position and staffing levels of approximately seven U.S. Public Health Service (PHS) officers, and one contract assistant.

Executive Assistant

The Executive Assistant (EA) handles a broad range of administrative tasks for the HOU Chief. Daily tasks involve collecting data, maintaining records, creating reports, drafting correspondence, and providing support for HOU meetings. The EA interacts

with the health services administrators (RHSAs, HSAs, and AHSAs) and the COR team to relay communications from the HOU Chief and provide assistance as needed for special projects.

Program Analyst

The Program Analyst is responsible for performing HOU program diagnostics, incident monitoring, and oversight of HOU projects. The Program Analyst assists the HOU Chief with the management of HOU, the IHSC Staffing Matrix, and IHSC medical facility construction planning. The Program Analyst also conducts analytical studies of HOU and is responsible for maintaining policies, procedures, staffing plans and health systems assessments.

In collaboration with the HOU Contracting Officer Representatives [CORs], the Program Analyst ensures contract metrics are in compliance with the Quality Assurance Surveillance Plan (QASP); initiates contract discrepancy reports when staffing contract deficiencies are noted; and assists the CORs in monitoring the contractor's corrective action plan.

In collaboration with the RHSAs, the Program Analyst also assists the HOU Chief to ensure provision of health care services are within IHSC policy and accreditation standards.

Contracting Officer Representative

The Contracting Officer Representative is responsible for the management and oversight of the IHSC staffing contracts. Management duties include monitoring and communicating with the contractors to ensure compliance with the QASP and Deliverables. The COR provides guidance to all government technical monitors on contracting concerns.

In collaboration with the HOU Chief, RHSAs, and facility HSA, the Contracting Officer Representative ensures resolution of complex contractual, personnel, and operational issues.

The COR also monitors staffing levels, contract employee incidents related to detainee care, and other situations that may represent risk to the government, and documents corrective actions accordingly.

Regional Health Services Administrator

The RHSA is responsible for providing administrative oversight, consultation, and mentoring of HSAs and AHSAs within the region. The RHSA contributes to the development of national health policies, priorities, planning, objectives, and strategies to ensure the most efficient and cost effective workforce and ensure the delivery of quality health care services for individuals in ICE custody.

In collaboration with the Medical Quality Management Unit, the RHSA ensures that facilities comply with the standards of relevant accrediting organizations.

The RHSA also collaborates with RCDs to manage requests from outside entities that are filtered and assigned through IHSC Taskings.

Table 2:

Region	Facility Oversight
Eastern Regional Health Services Administrator	(7) Facilities: Alexandria Staging Facility, Elizabeth Contract Detention Facility, Houston Contract Detention Facility, Krome Service Processing Center, Port Isabel Service Processing Center, Stewart Detention Center, Varick Staging Facility
Central Regional Health Services Administrator	(7) Facilities: Berks County Family Shelter, Buffalo Federal Detention Facility, South Texas Family Residential Center, LaSalle Detention Facility, South Texas Detention Facility, T. Don Hutto Residential Center and York Transfer Operations Program
Western Regional Health Services Administrator	(7) Facilities: El Paso Processing Center, Eloy Detention Center, Florence Service Processing Center, Los Angeles staging Facility, Otay Detention Facility, Santa Ana Staging Facility, Northwest Detention Center

Organizational Charts

Below are organizational charts for the DAD of Health Systems Support (**Figure 1**) and HOU (**Figure 2**).

Figure 1: Deputy Assistant Director of Health System Support Organizational Structure

Deputy Assistant Director, Health Systems Support

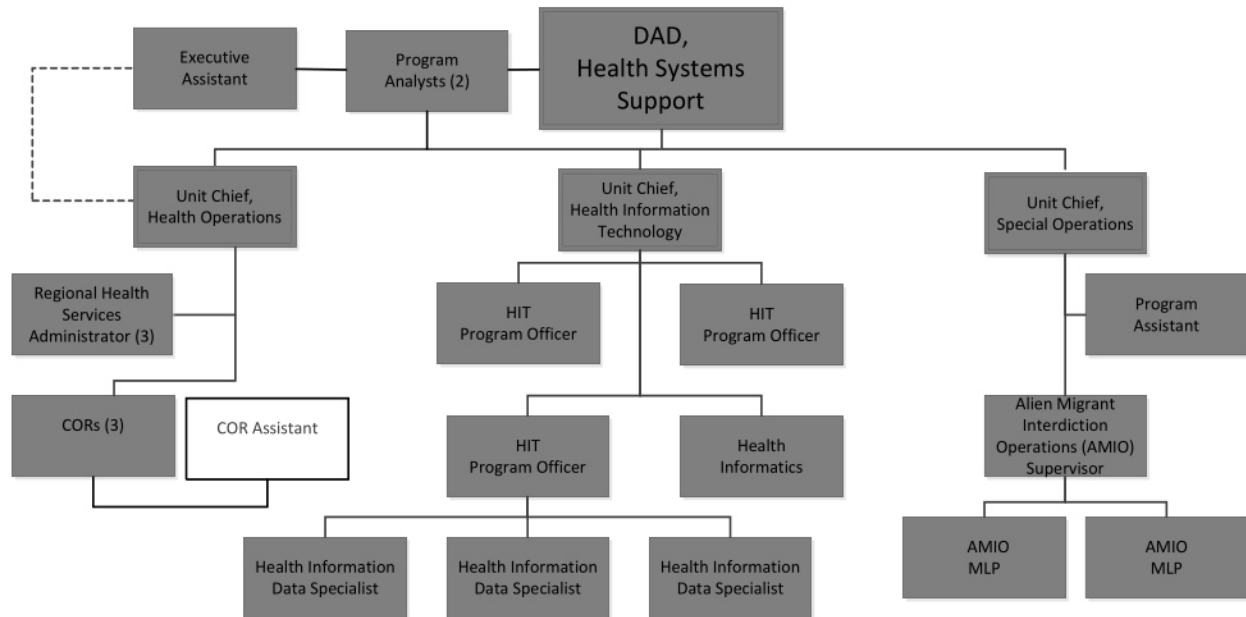
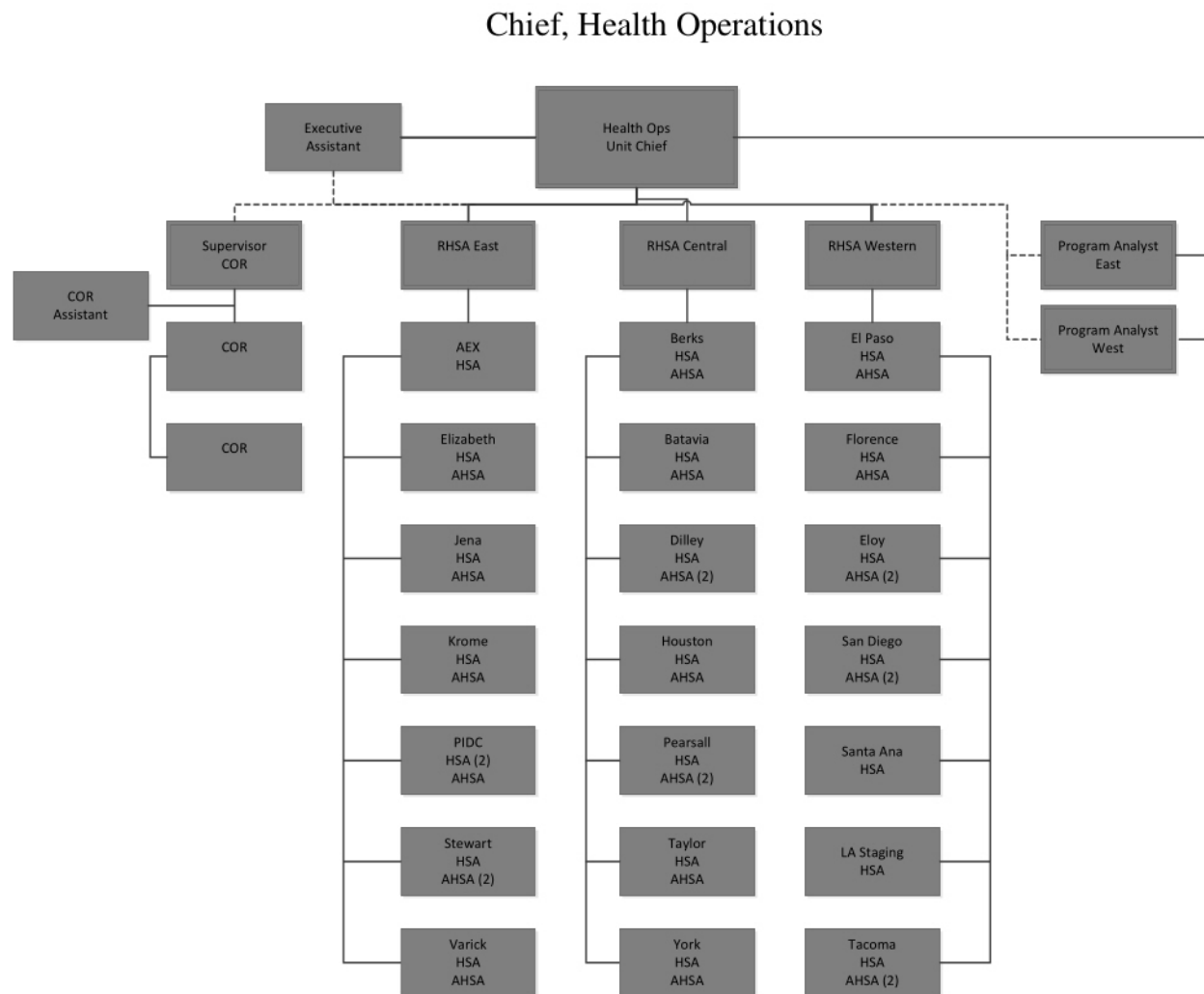


Figure 2: Health Operations Unit Organizational Chart



*Current as of 12-1-2016].

E. Health Operations Unit Staff at IHSC-Staffed Facilities

All IHSC-staffed facilities utilize health care and auxiliary support personnel to meet health care standards set forth by the applicable accrediting organization(s) and to provide medical services for all individuals in ICE custody. Health care personnel perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders. An IHSC approved staffing plan for each site must be reviewed by each assigned RHSA and signed annually by the HSA and HOU Chief. The IHSC staffing plan identifies the authorized Full-Time Equivalent (FTE) positions required to perform the health care services at each facility. The number of staff and type of staff at each facility is dependent on the facility size, type of facility, mission, and other variables. A [Sample Staffing Plan](#) is available on the HOU SharePoint page.

Health Services Administrator

The Health Services Administrator (HSA) is the designated local administrative authority at the IHSC-staffed facility.

The HSA is responsible for the day-to-day operations of the facility. Specific duties and responsibilities include staffing the clinic, coordinating site visits, completing budget proposals and projections, monitoring compliance with accreditation standards, overseeing implementation of public health, safety, and preparedness activities, compiling and submitting reports, supervising government employees, monitoring on-site contracts to include staffing, monitoring incidents and patient safety. An incident is any unusual occurrence which varies from established routine or procedure that either did or could result in an adverse outcome. An incident may involve a staff member, detainee, or other person. The incident may include damaged or faulty equipment, fire, chemical, or biohazardous agents, as well as any event that may generate a complaint, medico-legal liability and or disciplinary action.

The HSA collaborates with the on-site Clinical Director (CD), local Enforcement and Removal Operations (ERO) staff, and contracted or ICE security staff to ensure that the IHSC-staffed clinic provides safe and efficient detainee care. Additionally, the HSA collaborates with HQ Contracting Officers, the respective RHSA, and various program directors such as quality improvement, staff training, and personnel, to complete assigned duties.

Table 3:

Position	Oversight of GS and PHS Officers Including:
Health Services Administrator	<ul style="list-style-type: none">• AHSAs• Dentists• Dental Hygienists• Nurse Managers• Pharmacists• Behavioral Health Providers• Mid-Level Providers• Registered Nurses• Compliance Officers• Medical Records Technicians• Radiology Technicians
	Technical Monitor for Contract Health Care Staff Including:

- Administrative Assistants
- Pharmacists
- Behavioral Health Providers
- Mid-Level Providers
- Registered Nurses
- Licensed Vocational Nurses
- Licensed Practical Nurses
- Nursing Aides
- Dentist
- Dental Hygienist
- Dental Assistants
- Medical Records Technicians
- Radiology Technicians

Assistant Health Services Administrator

The AHSA works closely with the HSA to address day-to-day operations of the facility. The AHSA assumes overall administrative (??and operational??) responsibility in the absence of the HSA.

As the purchase card holder for the facility, the AHSA is also responsible for ordering and purchasing supplies and services requiring credit card payment.

Table 4:

Position	Oversight of GS and PHS Officers Including:
Assistant Health Services Administrator	<ul style="list-style-type: none"> • Dentists • Dental Hygienists • Nurse Managers • Pharmacists • Behavioral Health Providers • Mid-Level Providers • Registered Nurses • Compliance Officers • Medical Records Technicians • Radiology Technicians
	Technical Monitor for Contract Health Care Staff Including:

- Administrative Assistants
- Pharmacists
- Behavioral Health Providers
- Mid-Level Providers
- Registered Nurses
- Licensed Vocational Nurses
- Licensed Practical Nurses
- Nursing Aides
- Dental Assistants
- Dentist
- Dental Hygienist
- Medical Records Technicians
- Radiology Technicians

F. Additional Clinic Staffing at IHSC-Staffed Facilities

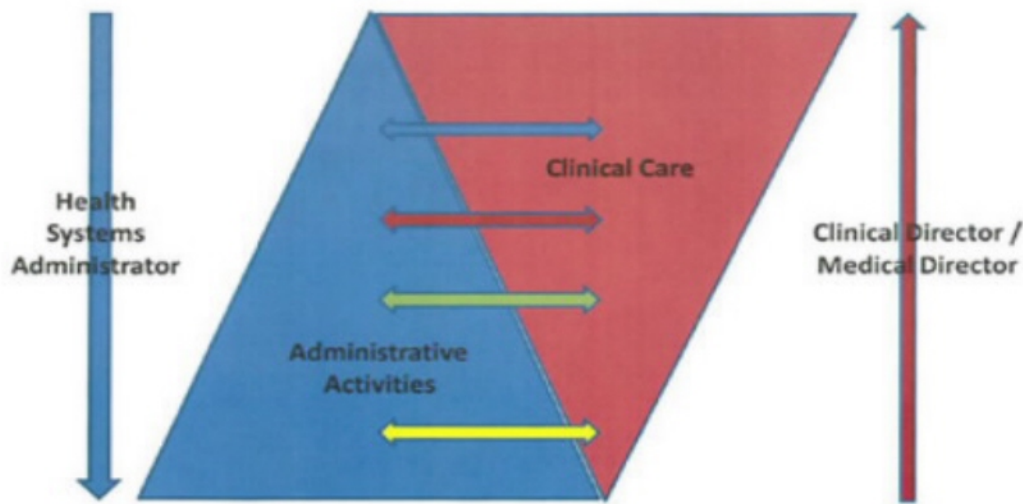
Clinical Director

The CD is a physician (MD/DO) and the designated clinical authority of the site that is responsible for the clinical care provided at the facility. The CD evaluates detainee care through an ongoing performance improvement program that identifies problems and their solutions, and provides clinical supervision of all medical staff. This may include direct supervision, direct medical care, and reviews of all health records at the facility. The CD provides clinical oversight of the facility to ensure proper evaluations and treatments are carried out and documented, health records are properly maintained, and health care-related reports are timely and accurate.

The CD collaborates with the facility HSA, local ERO staff, and contracted or ICE security staff to ensure the provision of safe and efficient detainee care. Additionally, the CD collaborates with the Regional Clinical Director (RCD), Associate Medical Director, and Chief Disciplines (i.e., Chief Dentist, Chief Mid-Level Provider, Chief Nurse, Chief Pharmacist, and Chief Psychiatrist).

As depicted in Figure 3 below, the management of facility operations is shared by the HSA and CD. The HSA is the administrative authority and is responsible for overall health care operations, while the CD is the clinical authority and has responsibilities for overall medical clinical care in nature. There will be situations that require collaboration and coordination among and between the two. The HSA and CD have an interdependent and collaborative relationship.

Figure 3:



Staff Physician

The staff physician is responsible for all medical, mental, and dental services performed at the clinic in the absence of the CD and specialty providers. The staff physician plans, implements, directs, and controls the clinical aspects of the comprehensive health care program, and provides and oversees care appropriate to the detainee's needs

Mid-Level Provider

The mid-level provider (MLP) position can be filled by an adult or family nurse practitioner or a physician assistant. The MLP provides direct patient care that falls within his or her IHSC scope of practice and as authorized by his or her state of licensure. MLPs provide patient care in consultation with the staff physician and/or the clinical director. Specifically, the MLPs provide daily routine or emergency health services and provide on-call services when not on-site. The MLPs work with the nursing staff to complete sick call processes daily to ensure detainee access to health care. MLPs are authorized to admit patients, conduct rounds, and discharge patients in the medical housing unit (MHU).

Psychiatrist

The staff psychiatrist applies professional knowledge in the practice of psychiatry in ambulatory and infirmary settings as well as the tele-health setting. He or she may function in a consultation role, providing psychiatric consultations for medical staff and ICE, and/or a clinical role, providing diagnostic, preventive, and therapeutic services to

individuals in ICE custody. The staff psychiatrist oversees all care provided by behavioral health providers.

Behavioral Health Provider

The behavioral health provider (BHP) position can be filled by a psychologist, psychiatric nurse practitioner, or independently licensed social worker. The BHP is responsible for the management of the behavioral health program, as well as detainee care and treatment planning.

Nurse Manager

The nurse manager (NM) provides leadership to clinical nurses within the facility. The NM is responsible for the planning, implementation, monitoring, analysis, and delivery of nursing services, and the NM supervises and evaluates all nursing functions. The NM also supports all levels of nursing at any time in the facility.

Compliance Officer

The compliance officer (CO) is the facility expert who supports the HSA on implementation of activities related to accreditation and local compliance, which involves meeting standards, conforming to policies, responding to Uniform Corrective Action Plans, ensuring incident reporting, and ensuring preparation for accreditation. The CO serves as a Program Management Officer to the HSA in the oversight of and activities related to program compliance, policy and procedures, and public health, safety, and preparedness. The CO also serves as a key liaison between the facility staff and Public Health, Safety, and Preparedness and Medical Quality Management Units.

Registered Nurse

The registered nurse (RN) evaluates, plans, implements, and intervenes on nursing care provided to detainees within the scope of practice for applicable state licensure, and in support of the medical care that has been determined by a "licensed independent practitioner". The term "licensed independent practitioner" originated with The Joint Commission and is used in standards for privileging and credentialing. According to The Joint Commission, a licensed independent practitioner is "any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. An Independent Practitioner is a Nurse Practitioner or a Physicians Assistant working under a Medical Doctor.

Licensed Vocational Nurses and Licensed Practical Nurse

The licensed vocational nurse (LVN) or licensed practical nurse (LPN) work under the direction of the physician, MLP, NM, or RN in the provision of detainee health care.

The LVN/LPN provides standard nursing care requiring some latitude for independent judgment and initiative to perform recurring duties. Typical duties and assignments include patient intake screenings, pill-line, direct care to Level 1 MHU detainees, and generating transfer summaries for detainees that are not chronically ill. LVNs, LPNs, and RNs all provide care within the scope of their practice and applicable State Nurse Practice Acts. RNs may supervise the provision of care of LPNs and LVNs.

Medical Assistant

The medical assistant (MA) works under the direction of a physician, MLP, or RN in the provision of detainee health care services. Similar to LPNs and LVNs, although in a more limited role, they provide care within their licensure and scope of practice. They may also serve in the role of Referral Coordinator (RC), facilitating off-site appointments for care with specialty providers not available at the IHSC-staffed facility.

Lead Pharmacist

The lead pharmacist is responsible for the procurement, distribution, administration, dispensing, and accountability of all medications in the facility. For facilities with two pharmacists, the lead pharmacist supervises the staff pharmacist. Facilities with two pharmacists are also tasked with the additional responsibilities of providing remote prescription fills or TDY support and coverage for other pharmacists.

Staff Pharmacist

The staff pharmacist is responsible for the procurement, distribution, administration, dispensing and accountability of all medications in the facility, as directed by the lead pharmacist. The staff pharmacist is supervised by the lead pharmacist. Clinical pharmacists that have a certification in medication therapy or national certification through the IHSC Collaborative Practice Agreement may also be authorized to prescribe and administer vaccinations and provide disease state management services for detainees with chronic medical conditions.

Pharmacy Technician

Pharmacy technicians are responsible for performing tasks as directed under the supervision of the pharmacist.

Lead Dentist

The lead dentist provides clinical supervision of assigned dental staff and serves as the on-site dental authority. The lead dentist is responsible for the delivery of dental care to detainees including diagnosing, treating, and preventing diseases and injuries associated with the oral cavity.

Staff Dentist

The staff dentist is responsible for the delivery of dental care to detainees including diagnosing, treating, and preventing diseases and injuries associated with the oral cavity. The staff dentist is supervised by the lead dentist. Facilities with two dentists are also tasked with providing TDY support and coverage for other facilities.

Registered Dental Hygienist

The registered dental hygienist (RDH) is responsible for providing advanced prophylactic and preventative dental care, assisting chair side with the dentist and performing other tasks as directed under the clinical supervision of the dentist.

Dental Assistant

The dental assistant (DA) is responsible for performing a wide range of intra-oral dental procedures and other tasks as directed under the supervision of the dentist or RDH.

Medical Records Technician

The medical records technician (MRT) is responsible for scheduling medical appointments internally and serving as a Referrals Coordinator to schedule appointments with specialty providers outside the facility. The MRT is also responsible for entering data, completing the health record, compiling records for daily appointments, ensuring appropriate release of information, and other administrative-related assistance, as indicated by the HSA. Medical releases require that MRTs to be selective in the release of information as certain information in medical records could be protected by law and therefore only the appropriate release of information is given.

Administrative Assistant

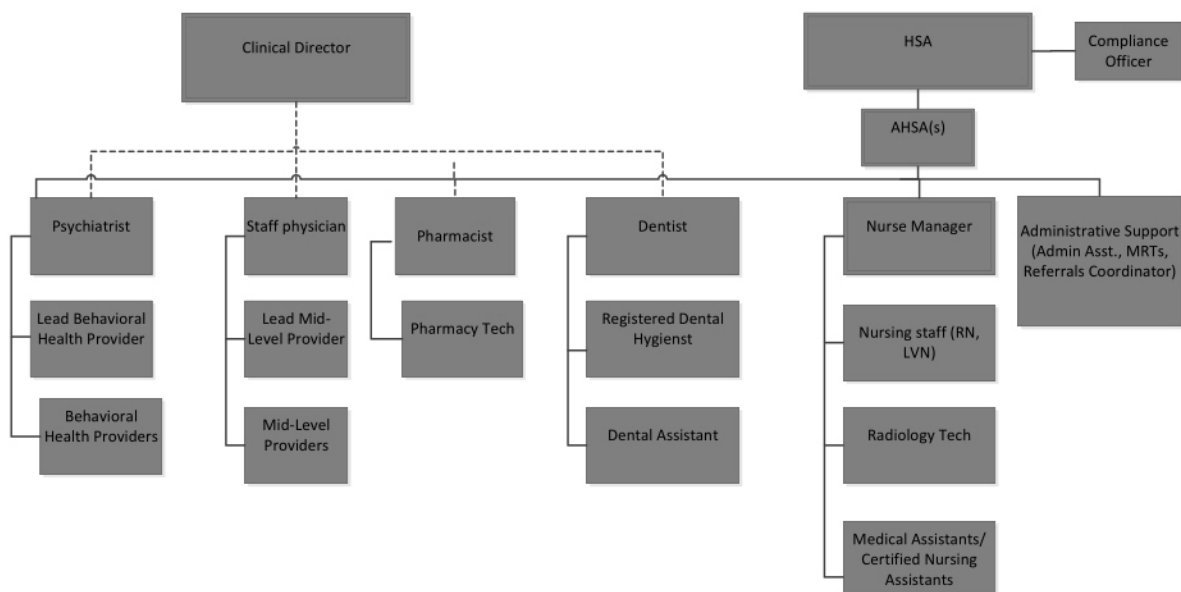
The Administrative Assistant (AA) performs a variety of routine administrative and miscellaneous clerical work required at the facility.

Other Health Services Staff

The duties of other health services staff are mandated by their position description, as applicable.

Figure 4:

IHSC Facilities



III. Clinic Management and 24-Hour Emergency Health Care at IHSC-Staffed Facilities

Each IHSC-staffed facility must have a written plan for delivery of 24-hour emergency health care and for provisions of care when immediate outside medical attention is required. The HSA, with the cooperation of the CD, will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility.

The [IHSC Clinic Administration Guide and OM 16-010, Clinic Administration](#), provide specific guidance related to the organization and management of the clinics.

A. Overview

The 21 IHSC-staffed facilities differ from site to site. Bed capacity ranges from 85 to 2,001 beds.

Although the majority of the population is male, a few facilities also house females. The T. Don Hutto Family Residential Center, is the sole all-female facility, with housing for up to 512 women. Spanish is spoken by the majority of the patients and the facilities have 24-hour telephonic interpreter services available.

Four facilities—Alexandria Staging Facility, Los Angeles Staging Facility, Santa Ana Staging Facility and Varick Staging Facility—are considered “staging” facilities where patients are not housed overnight. Florence Staging Facility is a fifth facility that is considered a hybrid staging facility where patients may be housed overnight. The health care provided at these facilities consists of intake screenings, preparation for transfer, and response to emergencies.

The majority of IHSC clinics operate 24 hours per day, 7 days per week. Services include intake screenings, response to emergencies, transfer preparations, outpatient care, pharmacy, dental, mental health, and in some instances medical housing (i.e., infirmary) care. Eleven facilities have MHUs. The MHUs house detainees that do not require hospitalization but have a health care concern or condition that prohibits housing in the dormitory. Such conditions can include potentially contagious diseases such as tuberculosis (TB) or varicella, a recent surgery that requires wound care, need for intravenous (IV) fluids or antibiotics, and drug/alcohol withdrawal.

The primary administrative business hours for IHSC clinics are Monday through Friday from 0700 to 1530. Although most medical and dental appointments are scheduled during these times, delivery of clinical care occurs into the evening and night shift, as well as weekends. Emergent care is provided 24 hours per day.

The HSA and CD are responsible for the oversight of IHSC clinics.

Health Operations Unit Administrative Activity	Health Operations Unit Chief	RHSA	HSA/AHSA	COR	Program Analyst	Other requirements /comments
Staffing Plan Development*	Yes	Yes	Yes	No	Yes	* Should be approved by the Chief of Health Ops
Health Operations Policy and Procedure Development	Yes	Yes	Yes	No	Yes	
Compliance with Accreditation Standards	Yes	Yes	Yes	No	Yes	
IHSC Construction Efforts	Yes	Yes*	Yes*	No	Yes	*For their facility/ facilities
IHSC Staffing Contract Management	Yes	No	Yes*	Yes	Yes	*Onsite Government Technical Monitor
Staffing Contract Accountability and Problem Resolution	Yes	No	No	Yes	Yes	
Regional Management of IHSC Facilities	No* ¹	Yes* ²	No	No	No* ¹	* ¹ Situational awareness required * ² In collaboration with the Regional Clinical Director
Day to Day Facility Operations	No*	No*	Yes	No*	No*	*Situational awareness required